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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Kelly PAC 901 N Washington Street ADDRESS (number and street) Suite 700 (Check if address is changed) Alexandria 22314-1535 VA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ted@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kellypac.com (Check if address is changed) DATE 06 2017 C00493411 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Koch, Theodore, V.,, Type or Print Name of Treasurer Koch, Theodore, V.,, [Electronically Filed] 06 06 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1**

Office			For further information contact:
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